



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CD51143



STATEMENT DATE <u>6/20/05</u>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)							
3. FULL NAME OF COMMITTEE <u>Jeff Smith 2006</u>											
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>P.O. Box 39001</u> CITY/STATE/ZIP: <u>St. Louis, MO 63139-0901</u>				5. TELEPHONE NUMBER <u>314 520-0370</u>							
6. TREASURER'S NAME <u>Steve Brown</u>											
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>7624 Cargswold</u> CITY/STATE/ZIP: <u>St. Louis, MO 63105</u>				8. TELEPHONE NUMBER HOME: <u>314 330-4489</u> WORK:							
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER											
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:							
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A							
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>First National Bank</u> <u>7707 Forsyth</u> <u>St. Louis, MO 63105</u>						B. ACCOUNT NAME <u>Jeff Smith 2006</u>		C. ACCOUNT NO. <u>8069479</u>			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE											
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME <u>Jeff Smith</u>						B. ADDRESS <u>Unit 1</u> <u>1912 Alfred St. Louis, MO 63110</u>		C. TELEPHONE NO. <u>314 520-0370</u>		D. POLITICAL PARTY <u>Democrat</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS											
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <u>8-8-06</u>						B. ELECTION DATE <u>State Sen</u>		C. OFFICE SOUGHT <u>Dix 4</u>		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) <u>8-8-06</u>						B. ELECTION DATE <u>State Sen</u>		C. SUBJECT AND POLITICAL SUBDIVISION <u>Dix 4</u>		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> TREASURER'S SIGNATURE						17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE					

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JUL 05 2005

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